

Community Health Needs Assessment:

Health and Behavioral Health Needs

Kimble County, Texas

Prepared by:

**Community Development Initiatives,
Angelo State University**

Principal Investigators:

**Kenneth L. Stewart, Ph.D., Director, Community Development Initiatives
Susan McLane, Project Coordinator, Concho Valley Community Action Agency
Cera Cantu, Research Assistant, AmeriCorps VISTA**

December 31, 2015

This report is part of a comprehensive project to assess the Health and Behavioral Health Needs of the Extremely Poor in a 20-county region of West Texas. The regional assessment includes Coke, Concho, Crockett, Edwards, Irion, Kimble, Kinney, Mason, McCulloch, Menard, Mills, Reagan, Runnels, San Saba, Schleicher, Sterling, Sutton, Tom Green, Upton, and Val Verde counties. The set of project documents includes a report for each county, plus a regional-level assessment.



Kimble County Courthouse - Junction, Texas

Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation provided support for this Community Health Needs Assessment for the people of Kimble County.

Table of Contents

PREFACE	1
INTRODUCTION	2
GENERAL DESCRIPTION OF THE KIMBLE COUNTY COMMUNITY	3
DEMOGRAPHICS	5
Vulnerable Populations.....	5
COMMUNITY HEALTH RESOURCES	8
Hospital Utilization, Revenue, and Charges.....	8
Other Health Care Resources.....	10
HEALTH STATUS	13
Family and Maternal Health	13
Potentially Preventable Hospitalizations	14
Leading Causes of Death	14
SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS	16
IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS.....	21
Identification of Community Health Needs	21
Prioritization of Community Health Needs.....	23

PREFACE

Community Development Initiatives at Angelo State University prepared this Community Health Needs Assessment for the people of Kimble County, Texas. The assessment is the product of collaboration among Community Development Initiatives, the Concho Valley Community Action Agency, and many community champions and stakeholders of the twenty-county region covered in the comprehensive study of the Health and Behavioral Health Needs of the Extremely Poor in West Texas.

Community Development Initiatives is based on a belief that flourishing communities thrive on trust between individuals, organizations and institutions. Its mission is to link Angelo State University to West Texas communities through innovative community-based research in support of their development.

The Concho Valley Community Action Agency is a 501(c)3 nonprofit corporation founded in 1966 in response to War on Poverty legislation. Although programs and services have changed over the years, the purpose of fighting the causes of poverty in the Concho Valley has been constant. CVCAA's vision is a community free of barriers to self-sufficiency.

The purpose of the comprehensive study is to identify and prioritize health and behavioral health needs of the approximately 14,743 extremely poor individuals living in a twenty-county region covered by the project. The Kimble County Community Health Needs Assessment is a vital part of the regional project.

The research to assess the Health and Behavioral Health Needs of the Extremely Poor in West Texas was guided by a six-member advisory group including:

- Mark Bethune, Concho Valley Community Action Agency
- Tim Davenport-Herbst, St. Paul Presbyterian Church of San Angelo
- Dusty McCoy, West Texas Counseling & Guidance
- Susan McLane, Concho Valley Community Action Agency
- Sue Mims, West Texas Opportunities & Solutions
- Kenneth L. Stewart, Community Development Initiatives

The generous support of Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation made the comprehensive regional project and this Community Health Needs Assessment for the people of Kimble County possible.

INTRODUCTION

The project to assess Health and Behavioral Health Needs in West Texas employs a collaborative community-based research approach to evaluate the health status and situation of the vulnerable population groups in the study region. By definition, vulnerable populations are the most underserved by the health care system. They include individuals with the least education, low incomes, and members of racial or ethnic minority groups. People living in rural areas such as Kimble County are an important segment of the vulnerable populations in health care. The assessment includes the following:



1. A demographic profile featuring the vulnerable groups in the population. The profile integrates publicly available secondary demographic data.
2. A health status profile of community health and mental health care resources, utilization patterns, and morbidity and mortality rates.
3. Results of a survey of poor and extremely poor residents of selected counties in the southern part of the study region.
4. Identification and prioritization of health and behavioral health issues in Kimble County based on the prevalence, consequences, and impact of risk factors on health inequities, and the feasibility of communities acting toward solutions.

GENERAL DESCRIPTION OF THE KIMBLE COUNTY COMMUNITY

Kimble County is a 1,274 square mile land area on the Edwards Plateau region in Southwest Central Texas. The county contains broken, rolling plains and the Llano River. The county was formed in 1858 and later organized in 1876. Junction, Texas became the county seat after the first county court session. Junction is located at the confluence of the North Llano River and the South Llano River. The county is home to the Texas Tech University Center, an adjunct to the Texas Tech University in Lubbock. The center offers two bachelor's degrees and a master's degree.



Kimble County has remained mainly agricultural since its formation. The rolling hills of the county are more suitable to ranching than farming. At the end of the 1920s Kimble County led in the state wool and mohair industry. Tourism supports the county's economy as well. Tourists can enjoy many outdoor recreational activities including: hiking, fishing, kayaking, bird watching, tubing, canoeing, camping, and biking in the South Llano River State Park. Tourists can also enjoy the 9-hole golf course located in Junction and hunting in Kimble County.

Table 1 reports private industry and employment for Kimble County in 2013. About 136 private industry establishments employed 1,005 county residents at an average pay rate of \$35,893. Private industry employees comprised approximately 80 percent of the county's 2,337 person labor force in 2013.¹

No single sector dominates the employment picture in Kimble County. Employment in NAICS sector 72 (accommodation and food services) was the county's largest source of employment, comprising 26 percent of private industry employment. Despite being the largest source of employment, the average annual pay for this sector was more half of the average annual pay for all private industries.

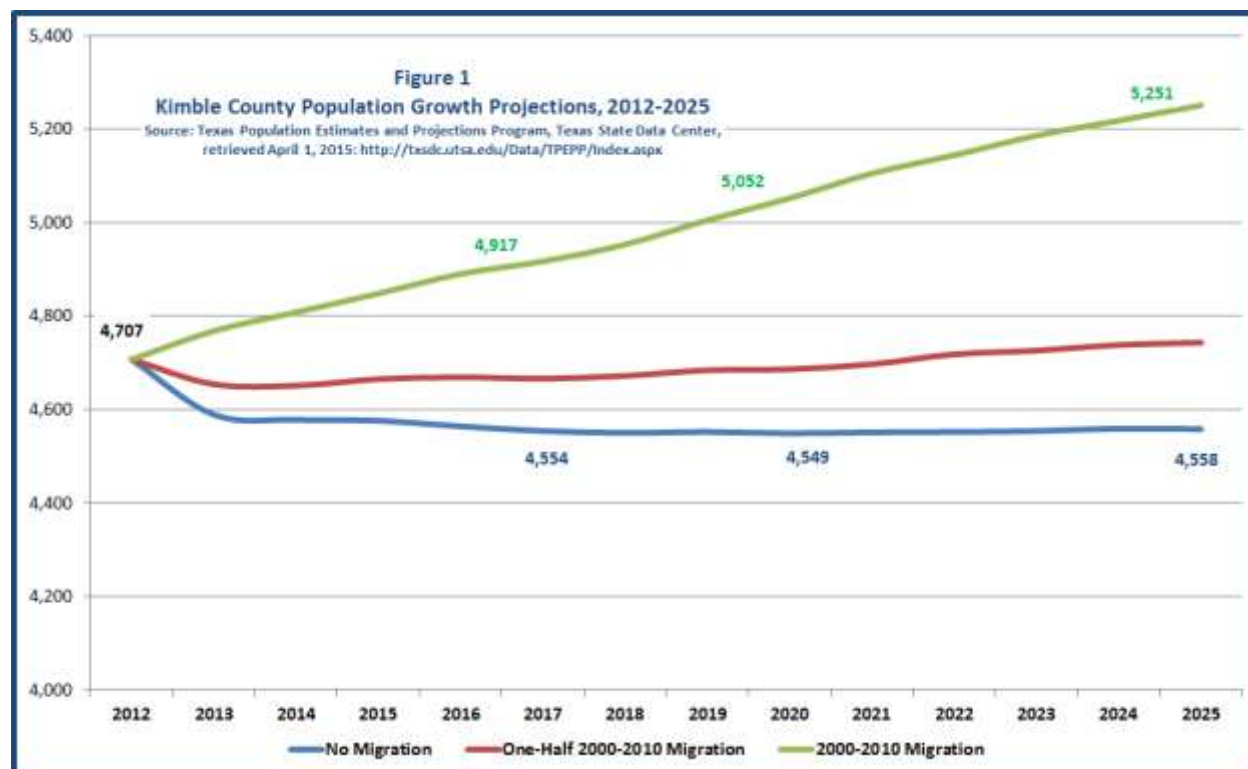
Conversely, the finance and insurance sector (NACIS 52) comprised only 6 percent of private industry employment. Employees in this sector received an average annual pay of \$207,418, nearly six times more than the average annual pay for all private industry employees.

¹ The estimate of 2,337 labor force participants is from the US Census Bureau's 2009-2013 5-Year American Community Survey, retrieved November 2, 2015: <http://factfinder.census.gov>.

Table 1 Kimble County Private Industry & Employment, 2013				
North American Industry Classification System (NAICS) Sectors	Annual Average Establishment Count	Annual Average Employment	Percent Total Employment	Average Annual Pay
All private industries	136	1,005	100	\$35,893
NAICS 23 Construction	25	129	13	\$34,255
NAICS 31-33 Manufacturing	5	71	7	\$32,872
NAICS 42 Wholesale trade	5	17	2	\$26,567
NAICS 44-45 Retail trade	28	212	21	\$21,862
NAICS 52 Finance and insurance	11	64	6	\$207,418
NAICS 53 Real estate and rental and leasing	4	8	1	\$52,462
NAICS 54 Professional and technical services	11	16	2	\$25,568
NAICS 56 Administrative and waste services	3	20	2	\$32,747
NAICS 62 Health care and social assistance	9	157	16	\$26,915
NAICS 71 Arts, entertainment, and recreation	3	4	0	\$8,459
NAICS 72 Accommodation and food services	21	265	26	\$16,668
NAICS 81 Other services, except public administration	11	42	4	\$19,012
Source: US Department of Labor, Bureau of Labor Statistics, Quarterly Census of Employment and Wages, April 1, 2015: http://www.bls.gov/cew/				

DEMOGRAPHICS

The Census Bureau's 2013 estimate of the Kimble County resident population is 4,481.² The most recent official Texas estimate from the State Demographer is 4,707 for 2012. In addition, the State Demographer developed three population projections based on varying assumptions about migration to and from the county in years ahead. Figure 1 depicts the State's official projections for population growth in Kimble County through 2025.



The highest growth projection (green line) is based on the assumption that migration in and out of the county is following the trend set between the decennial census counts in 2000 and 2010. This projection approximates the county will reach 4,917 residents in 2017, 5,052 by 2020, and 5,251 for 2025 (an overall 12% gain from 2012-2015).

Vulnerable Populations

Table 2 below shows the majority (75%) of the residents in Kimble County identify as White, Non-Hispanic. The county's 1,114 Hispanic residents comprised the majority of the minority population in 2012 according to estimates of the State Demographer. Black citizens and other minorities added another 78 residents, bringing the total minority population to 25 percent.

² From US Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013, retrieved April 1, 2015: <http://factfinder.census.gov>.

Table 2 Race & Ethnicity: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
White, Non-Hispanic	3,515	75%	3,594	73%	3,651	72%	3,719	71%
Total Minority	1,192	25%	1,323	27%	1,401	28%	1,532	29%
Hispanic	1,114	24%	1,242	25%	1,319	26%	1,453	28%
Black	14	0%	16	0%	16	0%	16	0%
Other	64	1%	65	1%	66	1%	63	1%
Total Population	4,707	100%	4,917	100%	5,052	100%	5,251	100%
Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: http://txsdc.utsa.edu/Data/TPEPP/Index.aspx . The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.								

In addition, the State Demographer's projections indicate that Hispanic residents are likely to account for all of the county's population increase in the near future. The expectation is for the Hispanic segment of the community to steadily grow from 25 to 29 percent between 2012 and 2025 while the Non-Hispanic White population is expected to shrink proportionally.

Children under age 18 (numbering 920) made up nearly 20 percent of the county's population in 2012 according to State estimates. Youngsters of school attendance age (5-17 years) comprised 76 percent of the children, while preschoolers accounted for 24 percent.

Table 3 Children: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
All Children (under age 18)	920	100%	879	100%	866	100%	917	100%
School-age children (ages 5-17)	701	76%	638	73%	607	70%	635	69%
Pre-school-age children (under 5)	219	24%	241	27%	259	30%	282	31%
Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: http://txsdc.utsa.edu/Data/TPEPP/Index.aspx . The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.								

Projections estimate a decrease in the child population by 2025. Despite the decline in the overall children population, pre-school toddlers are projected to steadily grow from 24 percent of children in 2012 to 31 percent in 2025.

The county was home to 1,167 senior citizens in 2012 according to State estimates. They comprised 25 percent of the total population. Hispanics (numbering 117) made up 10 percent of the senior residents in the county.

Table 4								
Seniors: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	4,707	100%	4,917	100%	5,052	100%	5,251	100%
Seniors (65 & over)	1,167	25%	1,424	29%	1,599	32%	1,834	35%
Hispanic Seniors (65 & over)	117	10%	179	13%	203	13%	263	14%
Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: http://txsdc.utsa.edu/Data/TPEPP/Index.aspx . The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.								

Official State projections suggest brisk growth of the senior population to 35 percent by 2025. Hispanics, once again, will account for much of the increase. The number of Hispanic seniors is expected to more than double between 2012 and 2025, increasing their representation within the elder population from 10 to 14 percent.

There is a one-to-one ratio of females to males in the Kimble County population. Women and girls comprised 50 percent of the population according to the State Demographer's 2012 population estimates. Projections indicate the female population will slowly increase in number through 2025, but decrease as a segment (from 50% to 48%) because the overall population is set for faster growth.

Table 5								
Females: 2012 Estimate with Projections to 2025								
Groups	2012		2017		2020		2025	
Total Population	4,707	100%	4,917	100%	5,052	100%	5,251	100%
Female (all ages)	2,370	50%	2,430	49%	2,476	49%	2,533	48%
Female (ages 13-17)	154	6%	124	5%	99	4%	109	4%
Hispanic Female (ages 13-17)	56	36%	58	47%	53	54%	39	36%
Source: Texas Population Estimates and Projections Program, Texas State Data Center, retrieved April 1, 2015: http://txsdc.utsa.edu/Data/TPEPP/Index.aspx . The forward projections for 2017, 2020, and 2025 reflect the State Demographer's high-growth assumption that migration will equal the rates of the 2000-2010 time period.								

Teen pregnancy and a range of associated factors particularly affect girls age 13-17. Estimates suggest the representation in this age group to decline from 6 to 4 percent by 2025.

COMMUNITY HEALTH RESOURCES

The Kimble County Hospital District anchors the county's health resources. Hospital District facilities include Kimble Hospital, originally constructed in 1957. In 2008, the District Board entered into a lease model with Preferred Management Corporation of Shawnee, Oklahoma to operate the facilities through Preferred Hospital Leasing Junction, Inc.³ The District Board retains oversight and responsibility for the financial viability of the District. The District's proposed tax rate for 2015 was 37.3 cents per \$100 valuation; 14.3 cents or 38 percent of the rate is designated for debt service.⁴

The Kimble County Hospital District replaced its facilities in 2009 after county residents voted in favor of a \$16.9 million bond election. Records from the Texas bond Review Board indicate that a principal amount of \$14.64 million remained outstanding on the District's general obligation bond at the end of the 2014 fiscal year.⁵ A Critical Access Hospital, Kimble today provides short-term acute care, Level IV emergency room services, a separate Rural Health Clinic, telemedicine, and swing bed services.

Hospital Utilization, Revenue, and Charges

Kimble Hospital reported 15 staff beds in the 2012 Annual Survey of Hospitals.⁶ The number translates to availability of 2.0 staff beds per 1,000 residents of the county. This compares to 3.2 staff beds available per 1,000 residents in 13 acute care hospitals located in 10 counties across the 20-county study area.⁷ Two physicians, two physician assistants, and one family nurse practitioner are affiliated with the hospital, as well as four consulting specialists.

According to data collected by the Centers for Medicare and Medicaid Services (CMS) on patient safety indicators, Kimble Hospital performed "As Expected" compared to similar hospitals. Similarly, Kimble Hospital performed "As Expected" on clinical quality for two

³ Preferred Management Corporation leases and operates six rural Texas hospitals. For information, see <http://www.preferredmanagementcorp.com/history>.

⁴ See Kimble County Hospital District at http://new.kimblecountyhospitaldistrict.org/news.htm#Kimble_Hospital_Board_Proposal_Requests.

⁵ Texas Bond Review Board, data retrieved November 6, 2015: http://www.brb.state.tx.us/lgs_search.aspx?action=hhd.

⁶ The Annual Survey of Hospitals is a cooperative project of the American Hospital Association, the Texas Hospital Association and the Texas Department of State Health Services. The Annual Survey of Hospitals reports for Texas are available at: <http://www.dshs.state.tx.us/chs/hosp/>.

⁷ The 13 hospitals within the study region include Concho County Hospital, Kimble Hospital, Heart of Texas Healthcare System, Reagan County Memorial, Ballinger Memorial Hospital District, North Runnels Hospital, Schleicher County Medical Center, Lillian M. Hudspeth Memorial Hospital, San Angelo Community Medical Center, Shannon West Texas Memorial Hospital, McCamey Hospital, Rankin County Hospital District, and Val Verde Regional Medical Center.

procedures and conditions (chronic obstructive pulmonary disease and pneumonia).⁸ No additional quality ratings or indicators for Kimble Hospital are publicly available.

The 252 annual admissions for 765 inpatient days reported for 2012 is an initial indication of underutilization at Kimble Hospital (see Table 6). This computes to 53.5 admissions per 1,000 county residents and compares to 91.8 per 1,000 in the combined 13 hospitals within the study region. The Staffed Occupancy Rate for Kimble Hospital indicates that 13.9 percent of its staff bed capacity was used in 2012. This is about one-third of the 40.6 percent Staffed Occupancy Rate for the 13 hospitals across the region.

Underutilization is also reflected in the 2012 published data on revenues and charges at Kimble Hospital. Gross patient revenue, on a per capita basis for 2012, amounted to \$2,121 per resident of the county. This was also about one-third of \$6,197 per capita revenue in the combined 13 hospitals of the region. In addition, Kimble Hospital reported uncompensated care charges (most were accounted as “bad debt”) totaling 13.2 percent of the gross patient revenue. That rate of uncompensated care compares to 8.8 percent of gross patient revenue in the 13 regional hospitals combined.

In addition, discharge records from the Texas Department of State Health Services show Kimble residents generated 499 inpatient hospital stays at Texas hospitals during 2013. Only 89 or 18 percent of these stays were at Kimble Hospital according to the records.

Similarly, records indicate that Kimble County residents made 2,619 visits to Texas outpatient facilities in 2013. Kimble Hospital served 1,041 or about 40 percent of the outpatient visits.⁹

⁸ Healthgrades uses Medicare inpatient data from the Medicare Provider Analysis and Review (MedPAR) database and Patient Safety Indicator software from the Agency for Healthcare Research and Quality (AHRQ) to calculate event rates for 13 patient safety indicators plus one patient safety event count. Patient safety indicators are serious, potentially preventable complications that occur during a patient’s hospital stay. It uses Centers for Medicare and Medicaid Services data for years 2012-2014 to assess clinical procedures. Ratings for only two clinical procedures and conditions are available for Kimble Hospital: chronic obstructive pulmonary disease and pneumonia, data retrieved November 3, 2015: <http://www.healthgrades.com/hospital-directory/texas-tx-southern/kimble-hospital-hgst8e3c5cbf451306#Ratings>.

⁹ Texas Department of State Health Services, Inpatient & Outpatient Public Use Data Files, 2013.

Table 6		
2012 Hospital Utilization, Revenue and Charges		
Service Geography	Kimble County	Region
Utilization Measures		
Staff Beds	15	643
Admissions	252	21,832
Inpatient Days	765	95,593
Medicare Inpatient Days	80%	59.6%
Medicaid Inpatient Days	5%	12.9%
Average Daily Census	2.1	20.1
Average Length Stay	3	4.5
Staffed Occupancy Rate	13.9%	40.6%
Revenue & Charges		
Total Uncompensated Care	\$1,316,508	\$130,254,618
Bad Debt Charges	\$1,216,669	\$67,864,830
Charity Charges	\$99,839	\$62,389,788
Net Patient Revenue	\$6,389,432	\$401,687,575
Total Gross Patient Revenue	\$9,983,924	\$1,474,374,831
Gross Inpatient Revenue	\$1,403,305	\$664,983,937
Gross Outpatient Revenue	\$8,580,619	\$809,390,894
Percent of Gross Patient Revenue in Uncompensated Care	13.2%	8.8%
Population Measures		
Population Estimate	4,707	237,912
Staff Beds per 1,000 Population	3.2	2.7
Admissions per 1,000 Population	53.5	91.8
Inpatient Days per 1,000 Population	162.5	401.8
Per Capita Gross Patient Revenue	\$2,121	\$6,197
Per Capita Uncompensated Care	\$280	\$547
Source: Texas Department of State Health Services, Annual Survey of Hospitals, retrieved May 12, 2015: http://www.dshs.state.tx.us/chs/hosp/ .		

Other Health Care Resources

Hill Country Care Center is a locally owned, non-profit senior care center. The center provides skilled nursing, respite and hospice care, transitional care, physical therapy, speech therapy, and occupational therapy to patients.¹⁰ The Hill Country Care Center has 63 certified beds and maintains a census of approximately 30 resident patients. This computes to an occupancy rate

¹⁰ For information on the facility, see <http://hillcountrycarecenter.com/>.

of 48 percent, which compares to a statewide rate of 71 percent for 1,220 Texas nursing homes represented in the CMS 2015 data.¹¹

CMS uses a five-star rating system for nursing home facilities to indicate whether they are average (3 stars), above (4 or 5 stars), or below (1 or 2 stars) compared to similar facilities nationwide. Star ratings are assigned for the facility's performance on health inspections, staffing, and quality of care, plus an overall facility rating.

Hill Country Care Center received a below average rating based on the 2015 CMS data for staffing levels. The Center received a much below average (1 star) rating for performance on health inspections, quality of care, and the overall facility rating.

Frontera Healthcare Network is the result of a multiple county effort to preserve access to quality healthcare in each of the communities of Eden, Menard and Mason, Texas. The organization was formed in 2005 with contributions from the Eden Economic Development Corporation, Spirit of Eden Fund, and the Texas Office of Rural Community Affairs.

Frontera Healthcare Network is a private non-profit organization governed by a board of directors representing the communities served. The organization operates Federally Qualified Health Center (FQHC) medical clinics and behavioral health services in Eden, Menard, Mason, Junction, Brady, and Fredericksburg, Texas.

One physician is affiliated with the clinic in Junction. The clinic provides care to the community on an income based sliding scale fee. The mission is to provide care to the uninsured and medically underserved.¹²

Kimble County Emergency Medical Services provides Emergency Medical Services (EMS) to Kimble County and to portions of the surrounding counties including Menard, Sutton, and Edwards. Kimble County staffs all levels of EMS professionals and operates three ambulances. The EMS reports that it responds to an annual average of 370 calls in the county and transports patients to hospitals outside Kimble County on 110 (30%) of the calls. Additionally, the service provides medical standby service at local events such as football games and rodeos.¹³

Data from the Department of State Health Services for 2014 counts 18 EMS professionals in Kimble County. This yields a population ratio of 258 residents per EMS specialist; a favorable

¹¹ Nursing Home Compare Data, Centers for Medicare and Medicaid Services, retrieved October 19, 2015: <https://data.medicare.gov/>.

¹² See information on Frontera Healthcare Network at <http://fronterahn.org/home.html>.

¹³ Kimble County EMS, data retrieved November 6, 2015: <http://www.cityofjunction.com/city.of.junction/JVFD/EMS.html>.

population ratio compared to 295 residents per specialist in the 20-county study area and 438 for Texas overall.

Kimble is one of 19 counties served by Hill Country Mental Health and Developmental Disabilities (MHDD) Centers based in Kerrville. Hill Country MHDD maintains two satellite offices that serve Kimble County, one in Junction providing access to mental health services and another in Kerrville (Kerr County) for intellectual and developmental disability (IDD) service access.¹⁴

Table 7 depicts the supply of key health professionals in Kimble County according to the Department of State Health Services data. Based on population ratios, it appears the county is well supplied with low-level personnel such as certified nurse aides or medication aides. However, it is undersupplied with advanced practitioners such as physicians and registered nurses. Kimble County joins many rural West Texas areas with no advanced professionals for behavioral health (psychiatrists, psychologists) and an undersupply of professionals for oral health (dentists).

Licensed or Certified Professionals	Number in Kimble County (4,651 Population)	Ratio of Population per Professional	Number in 20 County Study Region (239,529 Population)	Ratio of Population per Professional	Number in Texas (26,581,256 Population)	Ratio of Population per Professional
Certified Nurse Aides	44	106	1,879	127	124,616	213
Dentists	1	4,651	70	3,422	12,767	2,082
Dieticians	0	No Supply	33	7,258	4,668	5,694
Emergency Medical Services	18	258	812	295	60,690	438
Licensed Chemical Dependency Counselors	0	No Supply	87	2,753	9,285	2,863
Licensed Professional Counselors	0	No Supply	158	1,516	20,655	1,287
Licensed Vocational Nurses	21	221	1,197	200	77,624	342
Marriage and Family Therapists	0	No Supply	12	19,961	3,149	8,441
Medication Aides	3	1,550	139	1,723	10,012	2,655
Occupational Therapists	0	No Supply	45	5,323	7,914	3,359
Optometrists	0	No Supply	18	13,307	3,272	8,124
Pharmacists	1	4,651	146	1,641	23,561	1,128
Physical Therapists	1	4,651	109	2,198	13,136	2,024
Physician Assistants	3	1,550	51	4,697	6,543	4,063
Physicians (Direct Patient Care)	3	1,550	357	671	47,289	562
Primary Care Physicians	2	2,326	168	1,426	19,277	1,379
Psychiatrists	0	No Supply	12	19,961	1,971	13,486
Promotores (Community Health Workers)	0	No Supply	15	15,969	2,032	13,081
Psychologists (All)	0	No Supply	43	5,570	7,382	3,601
Registered Nurses	17	274	1,696	141	206,027	129
Advanced Practice (APRN)	0	No Supply	119	2,013	15,194	1,749
Social Workers	1	4,651	117	2,047	19,536	1,361
Total Selected Health Professionals	115	40	7,283	33	696,600	38
Source: Texas Department of State Health Services, Supply and Distribution Tables for State-Licensed Health Professions in Texas, retrieved May 26, 2015: http://www.dshs.state.tx.us/chs/hprc/health.shtm .						

¹⁴ See Hill Country MHDD Centers at <http://hillcountry.org/default.asp>.

HEALTH STATUS

Family and Maternal Health

The Census Bureau's 2009-2013 5-Year American Community Survey estimated an average of 1,263 families residing in Kimble County during that time. Our calculations indicated that about 128 (10.1%) of these were single-parent (mostly female-parent) families with one or more children at home. This is a lower number than the 20-county study region or the state overall.

Table 8 Kimble County Family and Maternal Health Indicators*				
Indicator	Kimble County	Study Region	Region 9	Texas
Divorce Rate (Annual Divorces as a Percent of Annual Marriages)	76.2	43.2	No Data	45.0
Percent Women Age 15 & Over who are Currently Divorced	13.2	12.4	No Data	12.2
Single-Parent Families (Percent of All Families)	10.1	13.1	No Data	15.6
Teen Pregnancy Rate (Pregnancies per 1,000 Females Age 13-17)	22.4	25.3	30.5	21.4
Teen Birth Rate (Births to Mothers Age 13-17 per 1,000 Same Age Females)	15.4	23.1	28.1	18.4
Abortion Rate (Abortions as a Percent of Pregnancies among Females Age 15-44)	9.3	9.8	9.0	15.6
Percent Births to Unmarried Mothers (Female Population Age 15-44)	50.5	44.6	45.9	42.3
Child Abuse Rate* (Confirmed Incidents of Abuse per 1,000 Children)	14.6	12.9	13.8	9.5
Intimate Violence Rate (Incidents of Family Violence & Sexual Assault per 1,000 Population)	6.2	9.4	No Data	8.0
<p>* All ratios and percents, except the Child Abuse Rate, cover 2008-2012. The Child Abuse Rate is for 2010-2014. Sources: All calculations of rates and percents were performed by Community Development Initiatives at Angelo State University using data on Divorce, Teen Pregnancy, Teen Birth, and Abortion from Vital Statistics, Texas Department of State Health Services, retrieved June 9, 2015: http://www.dshs.state.tx.us/. The Child Abuse Rate was calculated using data from the Annual Data Books, Texas Department of Family and Protective Services, retrieved June 9, 2015: http://www.dfps.state.tx.us/. Estimates of Single-Parent Families and Percent Divorced Women were computed using data from the US Census Bureau, American Community Survey 2009-2013 5 Year Data, retrieved June 9, 2015: http://factfinder.census.gov/. Intimate Violence Rates were derived from data at Crime in Texas, Texas Department of Public Safety, retrieved June 9, 2010: http://www.txdps.state.tx.us.</p>				

However, the estimated percent of women (13.2%) in the county who are currently divorced is slightly higher than the state or study region. Over the 2008-2012 time frame, the ratio of divorces granted compared to marriage licenses issued in the county (76.2%) is much higher than the state or study region.

Historically, the 30 counties in the Public Health Region 9 of West Texas have been high compared to the state in the number of teen pregnancies and births. Kimble County aligns with

this trend. Its child abuse rate over the five years 2010-2014 was 14.6 per 1,000 children. This compares to a rate of 13.8 for Region 9 and 9.5 statewide.

Potentially Preventable Hospitalizations

Hospitalizations that would likely not occur if the individual had accessed and cooperated with appropriate outpatient healthcare are termed potentially preventable. The initiative to reduce potentially preventable hospitalizations works to improve health while diminishing the cost of health care.

The Texas Department of State Health Services estimates that potentially preventable hospitalizations for just ten identifiable health conditions generated \$49 billion in hospital charges between 2008 and 2013. Some \$386 million of these charges were incurred by residents of the 20-county study region.

Potentially Preventable Hospitalizations	Kimble County			Study Region			Texas		
	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge	Number	Average Charge	Per Capita Charge
Bacterial Pneumonia	132	\$10,168	\$351	3,572	\$20,816	\$437	280,079	\$36,925	\$530
Dehydration	0	\$0	\$0	936	\$3,222	\$30	91,238	\$21,706	\$101
Urinary Tract Infection	63	\$7,083	\$117	1,916	\$8,880	\$114	204,853	\$25,282	\$265
Angina (without procedures)	0	\$0	\$0	66	\$1,452	\$1	13,743	\$24,987	\$17
Congestive Heart Failure	59	\$11,026	\$170	3,580	\$22,942	\$421	326,337	\$41,191	\$689
Hypertension (High Blood Pressure)	0	\$0	\$0	463	\$1,927	\$8	65,973	\$25,365	\$85
Chronic Obstructive Pulmonary Disease or Older Adult Asthma	101	\$8,585	\$227	2,857	\$15,320	\$264	253,148	\$31,674	\$411
Diabetes Short-term Complications	0	\$0	\$0	466	\$2,952	\$11	63,954	\$26,913	\$88
Diabetes Long-term Complications	0	\$0	\$0	1,285	\$9,768	\$86	134,630	\$46,872	\$323
All Hospitalizations	355	\$9,313	\$864	15,141	\$21,483	\$1,371	1,433,955	\$34,178	\$2,512
Total Charges, 2008-2013		\$3,306,049			\$386,127,532			\$49,010,136,451	

Source: Potentially Preventable Hospitalizations, Center for Health Statistics, Texas Department of State Health Services, retrieved June 12, 2015: <http://www.dshs.state.tx.us/ph/>.

Kimble County residents experienced 355 preventable hospitalizations between 2008 and 2013 due to bacterial pneumonia, COPD, urinary tract infections, and congestive heart failure. Associated hospital charges amounted to \$3.3 million or approximately \$864 per adult resident.

Leading Causes of Death

The Department of State Health Services recorded 298 deaths from all causes among Kimble County residents between 2008 and 2012. This computes to a five-year crude death rate of 63.3 per 1,000 residents based on the 2012 population estimate. This is much higher than the Texas rate of 32 and the study region rate of 45.6 per 1,000 over the same time frame.

Medical conditions classified as Diseases of the Heart top the list of the leading causes of death in Kimble County. The county has higher death rates than the study region and the overall state on the eight leading causes depicted in Table 10.

Table 10 Leading Causes of Death in Kimble County, 2008-2012				
Causes of Death	Deaths	Crude Death Rate*	Study Region Rate*	Texas Rate*
Diseases of the Heart (ICD-10 Codes I00-I09, I11, I13, I20-I51)	93	19.8	9.5	7.4
Malignant Neoplasms (ICD-10 Codes C00-C97)	73	15.5	9.6	7.0
Chronic Lower Respiratory Diseases (ICD-10 Codes J40-J47)	17	3.6	2.7	1.7
Cerebrovascular Diseases (ICD-10 Codes I60-I69)	16	3.4	2.3	1.8
Accidents (ICD-10 Codes V01-X59, Y85-Y86)	12	2.5	2.0	1.8
Diabetes Mellitus (ICD-10 Codes E10-E14)	10	2.1	1.5	1.0
Alzheimer's Disease (ICD-10 Code G30)	9	1.9	1.6	1.0
Intentional Self-Harm (Suicide) (ICD-10 Codes X60-X84, Y87.0)	8	1.7	0.7	0.5
*All rates in the table express the number of deaths per 1,000 residents based on the estimated population for 2012. They are crude rates, not adjusted for age or other demographic characteristics. Source: Texas Department of State Health Services, retrieved June 23, 2015: http://www.dshs.state.tx.us/chs/datalist.shtm .				

SURVEY OF THE POOR AND EXTREMELY POOR IN WEST TEXAS

The Census Bureau's 2009-2013 5-Year American Community Survey data approximates that 4,734 residents of Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties in the eastern part of the 20-county study region are living below the federal poverty level. This computes to a poverty rate of 16.3 percent for these five eastern counties combined. Moreover, the Census Bureau data indicates that some 1,664 or 35.1 percent of these residents are extremely poor, living with incomes less than half the poverty level.¹⁵

Between April and September 2015, Angelo State University's Community Development Initiatives and 72 organizations collaborated to complete detailed interviews with poor and extremely poor residents of the 20 counties in the study region.¹⁶ A total of 597 interviews were completed, including 49 with residents of the six eastern counties in the study region: Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties.¹⁷ Respondents from the eastern counties had self-reported household incomes below the applicable federal poverty level. Approximately 33.3 percent were extremely poor with incomes equal to or below half of the applicable poverty level. They ranged in age from 22 to 80 with an average age of 52.5 years. Females made up 75.4 percent. See Table 11 for a summary of the sample characteristics.

A schedule of questions covering health, behavioral health, and dental health topics was developed for the interviews. The Behavioral Risk Factor Surveillance System (BRFSS) surveys, conducted with adults age 18 and over by state health departments in partnership with the Centers for Disease Control and Prevention, served as the model for questions.¹⁸ Indeed, the three-page questionnaire yielded 31 indicators which closely parallel similar items in the 2013 BRFSS results for Texas.

¹⁵ The combined rates of poverty and extreme poverty for the six counties were computed by Angelo State University's Community Development Initiatives based on data from the US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, retrieved October 2, 2015: <http://factfinder.census.gov/>.

¹⁶ Residents were defined as extremely poor for the purposes of the interviews if their self-reported household income was near 50 percent or less of the applicable federal poverty level for 2015. They were deemed to be poor if self-reported household income was near or below the applicable 2015 poverty level. Based on the results of the 2009-2013 five-year combined samples of the Census Bureau's American Community Survey, we estimated that approximately 14,743 extremely poor individuals reside in the 20-county study region. See the US Census Bureau's 2009-2013 5-Year American Community Survey at <http://factfinder.census.gov>.

¹⁷ The number of interviews conducted in the respective counties was proportional to the estimated total of extremely poor population from the American Community Survey. Based on the American Community Survey, for instance, we estimated that 11.3% of extremely poor individuals in the study region resided in the eastern counties of Kimble, McCulloch, Mason, Menard, Mills, and San Saba. Reflecting this, we conducted 69 or 11.6% of the interviews in these counties

¹⁸ BRFSS interviews are conducted by telephone. In contrast, the interviews for this project were conducted by trained community-based interviewers in a face-to-face informal format. Information on Texas participation and results for the BRFSS is at <http://www.dshs.state.tx.us/chs/brfss/default.shtm>.

Table 11		
Sample Characteristics*		
County of Residence		
Kimble	9	13.0%
McCulloch	5	7.2%
Mason	22	31.9%
Menard	10	14.5%
Mills	10	14.5%
San Saba	13	18.8%
Poverty Status		
Severly poor	23	33.3%
Poor	45	65.2%
Gender		
Male	17	24.6%
Female	52	75.4%
Ethnicity		
Not Hispanic	41	59.4%
Hispanic	28	40.6%
Age		
18-29	3	4.3%
30-39	8	11.6%
40-49	18	26.1%
50-64	27	39.1%
65 & Over	13	18.8%
Average Years of Age		52.5
Years of Schooling		
Less than 12	29	42.0%
12 or More	39	56.5%
Average Years of Schooling		11.0
Household Composition		
Single Person	8	11.6%
Single Parent	17	24.6%
Couples with Children**	13	18.8%
Couples without Children**	13	18.8%
Other***	18	26.1%
Average Household Size		2.4
<p>*The sample size in the east counties was 69. Some frequencies and percentages reported do not sum to 69 or 100% because of missing data for selected variables.</p> <p>**Couples may be married couples or unmarried partners.</p> <p>***Other households includes small numbers of respondents living with their parents, grandparents living with grandchildren, persons living with extended relatives, and persons living with roommates.</p>		

The results in Table 12 below apply only to the eastern counties (Kimble, McCulloch, Mason, Menard, Mills, and San Saba) of the study region. The table compares results from the Survey of the Poor and Extremely Poor to BRFSS estimates of health risk among the total adult populations of the east counties and the state overall. The first row of the table, for instance, reports that 35 individuals or 50.7 percent of the 69 survey participants from Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties said they were limited by poor mental, physical, or emotional health conditions. Texas BRFSS results from a similar question¹⁹ asked in 2013 estimate that only 13.2 percent of all adult residents in the five counties share this risk of impairment.

The 20 risk indicators in Table 12 were selected because the Survey of the Poor and Extremely Poor suggests that this vulnerable group has a level of risk on these factors that is at least 10 percent higher than the risk in the total adult population in the eastern counties. Indeed, based on the comparisons to the BRFSS estimates, the vulnerable poor and extremely poor population experiences elevated risks that range from 18 percent higher (for being diagnosed with asthma) to 345 percent higher (for being diagnosed with kidney disease).

Other significant findings from the Survey of the Poor and Extremely Poor add context to some of the elevated risks indicated in Table 12. For instance, the 39.1 percent of poor and extremely poor residents who reported being a current smoker helps explain the elevated risk of COPD diagnosis (as well as other diagnosed diseases) in this vulnerable group.

Also, the 49.3 percent who reported not seeing a doctor because of cost indicates an elevated cost barrier to health care. Additional results from the survey suggest that a cost barrier to care may be more broadly shared among adults in the east counties. For instance, another item from the Survey indicates that 34.8 percent of respondents lack health insurance. This compares to the Census Bureau's 2013 estimate that 36.8 percent of all adults age 18-64 in Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties are uninsured.²⁰

The survey findings also indicate that 53.6 percent of the poor and extremely poor reported not seeing a dentist because of cost, 88.4 percent do not have dental insurance; 72.5 percent do not have a regular dentist; 31.9 percent have not had a routine dental checkup within the past five years; and 36.2 percent never had dental cleaning or x-rays.

¹⁹ The similar item in the BRFSS was a more formal question asking whether respondents were kept from normal activities for five or more days in the past 30 days by poor mental or physical health.

²⁰ US Census Bureau, Small Area Health Insurance Estimates, retrieved September 29, 2015: <http://www.census.gov/did/www/sahie/>.

Table 12 Health Risks of the Poor and Extremely Poor in North Counties with BRFSS Comparisons					
Risk Indicators	Survey Results: East Counties*			BRFSS Risk Comparisons**	
	Sample	Population at Risk	Percent at Risk	East Counties	Texas
Limited by poor physical, mental, or emotional health conditions	69	35	50.7	13.7	11.6
Could not see a doctor because of cost during past 12 months	69	34	49.3	20.1	19.3
Diagnosed high blood pressure	69	31	44.9	37.7	31.2
Diagnosed heart attack (myocardial infarction)	69	10	14.5	6.0	3.9
Diagnosed heart disease	69	11	15.9	7.7	5.7
Diagnosed stroke	69	7	10.1	4.3	2.5
Diagnosed cardiovascular disease	69	9	13.0	10.9	7.2
Diagnosed asthma	69	13	18.8	15.9	12.6
Diagnosed any cancer	69	8	11.6	9.1	9.0
Diagnosed COPD (incl. emphysema, chronic bronchitis)	69	12	17.4	5.4	5.4
Diagnosed arthritis, rheumatoid arthritis, gout, lupus, fibromyalgia	69	37	53.6	25.4	20.7
Diagnosed depression (major, chronic, minor)	69	31	44.9	15.3	16.0
Diagnosed kidney disease	69	7	10.1	2.3	3.1
Diagnosed diabetes	69	18	26.1	14.5	10.9
Morbidly Obese BMI => 35	69	17	24.6	11.3	12.7
Current smoker	69	27	39.1	18.8	15.9
Current smokeless tobacco user				8.1	4.3
Second-hand smoke exposure in home	69	19	28.8	11.0	13.7
Second-hand smoke exposure at work	69	9	19.6	13.4	18.9
Difficult to access fresh fruits & vegetables	69	18	26.1	10.3	7.7
*These columns report the Survey of the Poor & Extremely Poor in West Texas combined results for Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties. **These columns include results from the Texas BRFSS conducted by the Texas Department of State Health Services in 2013. The BRFSS estimates reported for the North Counties are risk-adjusted by Community Development Initiatives at Angelo State University to account for the specific demographic characteristics of Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties.					

In addition to the apparent lack of access to preventative dental care, the survey shows other serious obstacles to preventative medicine among poor and extremely poor residents of the east counties. For instance, 63.8 percent said they never had a colon/rectal exam.

Still other survey findings shine additional light on the indication in Table 11 of a 194 percent higher risk of poor and extremely poor adults being diagnosed with depression. Sizeable proportions of respondents also reported always, often or sometimes feeling a fulfilling life is impossible (52.2%); avoiding situations out of nervousness, fear, or anxiety (66.2%); and feeling alone and not having much in common with people (52.9%).

Finally, Table 12 indicates that 26.1 percent of the poor and extremely poor have difficulty accessing grocery stores with fresh fruits and vegetables. This suggests a level of food insecurity that is more than double the BRFSS estimate of 10.3 percent lacking such access in the overall adult population of the eastern counties. It may also be associated with the higher obesity rate depicted in Table 12.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Identification of Community Health Needs

The previous sections of this report summarize the findings relating to Kimble County from primary and secondary data collected by community-based participants in a comprehensive project to assess the Health and Behavioral Health Needs of vulnerable populations in a 20-county region of West Texas. The following data provide a foundation for identifying pertinent community health needs in Kimble County:

- **Demographic Trend Data:** Demographic projections of population growth in Kimble County were reviewed. Growth trends for vulnerable population groups were included in the review.
- **Health Care Resources:** Data and information on hospital utilization, supply of health care professionals, and other health care resources were reviewed.
- **Family and Maternal Health:** Indicators of family composition, domestic abuse data, and maternal health were reviewed.
- **Leading Causes of Death:** Data on leading causes of death were used to identify specific diseases associated with higher death rates in Kimble County compared to the state.
- **Survey of the Poor and Extremely Poor in West Texas:** Original survey data was reviewed in conjunction with Texas BRFSS data to identify elevated health and behavioral health risks among the poor and extremely poor population of Kimble, McCulloch, Mason, Menard, Mills, and San Saba counties.

It is important to affirm the community-wide and regional focus of this study of the health needs of vulnerable populations in the 20-county study region of West Texas. With this perspective at the forefront, the needs assessment has made every effort to use data to identify needs of community-level importance which, in many instances, can only be addressed through cooperative, collective community action. Analysis of the data from the community level focus leads to the following summary list of identified needs for Kimble County:

1. **Needs of seniors.**
Increase capacity to address health needs of growing numbers of seniors in the population.
2. **Hospital Utilization.**
Create a collaborative community campaign to increase Kimble Hospital utilization by local and regional residents.
3. **Quality of Care.**
Continue to increase quality of care for seniors at Hill Country Care Center.

4. Shortage of core health professionals.

Create a collaborative community effort to recruit and retain one or more health professionals in core shortage areas such as:

- Physicians
- Registered Nurses or Advanced Nurse Practitioners
- Psychiatrists or Psychologists
- Dentists

5. Access to dental care.

Increase capacity and access to quality dental care, especially by poor and extremely poor residents and households.

6. Behavioral health capacity and access.

Increase capacity and access to quality behavioral health resources.

7. Preventative actions.

Increase emphasis on preventative actions in treatment, case management, and community outreach and education to reduce prevalence of and preventable hospitalizations and mortality from:

- Heart disease and cerebrovascular diseases
- Cancer
- COPD
- Influenza and pneumonia
- Diabetes
- Alzheimer's disease
- Accidents
- Suicide
- Child abuse

8. Preventative outreach to the poor and extremely poor.

Increase community capacity to reach the poor, extremely poor, and other vulnerable groups with preventative actions to:

- Reduce obesity
- Reduce tobacco use
- Reduce depression
- Reduce diabetes
- Reduce kidney disease
- Reduce heart disease and cerebrovascular diseases
- Reduce cancer
- Reduce cost barriers to treatment

- Improve case management and outreach
 - Provide education to promote healthy living and wellness
9. Food security.
Increase access to nutritious foods by poor and extremely poor individuals and households.

Prioritization of Community Health Needs

A prioritization instrument was used to facilitate a priority ranking of the identified health needs. Key informants and stakeholders reviewed the instrument at a series of community forums during October 2015. Invitations were sent to county judges and county officials, mayors and city officials, law enforcement officials, hospital/clinic administrators and key personnel, mental health leaders, dentists, health departments, church leaders, service organization leaders, school administrators and key personnel, chambers of commerce, and significant employers. Two events were held in San Angelo, one in Brady, and one in Del Rio.

Access to preview copies of the previous sections of this report, including the above list of identified needs, were subsequently distributed via e-mail to key informants and stakeholders interested in Kimble County. The informants and stakeholders also received an e-mail invitation and link to respond to the online instrument. Key informants and stakeholders responded from November 13 to December 14, 2015.

The prioritization instrument provided an opportunity for key informants and stakeholders to rank the health needs identified by the study for Kimble County. Respondents ranked the needs based the specified criteria. A total of six responses ranking the identified needs for Kimble County were returned.

Respondents ranked the identified community health needs on four criteria. A score between 1 and 5 was assigned for each criterion. The four criteria were presented to respondents as follows:

- Prevalence: How many people are potentially affected by the issue, considering how it might change in the next 5 to 10 years?
 - 5 - More than 25% of the community (more than 1 in 4 people)
 - 4 - Between 15% and 25% of the community
 - 3 - Between 10% and 15% of the community
 - 2 - Between 5% and 10% of the community
 - 1 - Less than 5% of the community (less than 1 in 20 people)
- Significance: What are the consequences of not addressing this need?

- 5 - Extremely High
- 4 - High
- 3 - Moderate
- 2 - Low
- 1 – Minimal Consequences

- Impact: What is the impact of the need on vulnerable populations?

- 5 - Extremely High
- 4 - High
- 3 - Moderate
- 2 - Low
- 1 - Minimal Impact

- Feasibility: How likely is it that individuals and organizations in the community would take action to address this need?

- 5 - Extremely High
- 4 - High
- 3 - Moderate
- 2 - Low
- 1 - Minimal

Table 13 reports the results of the prioritization of needs in Kimble County. The needs are listed in the rank order reflected in the adjusted averages on the right side of the table. The adjusted averages emphasize the importance of needs that respondents viewed as the most feasible ones for the community take action upon.

The adjusted average for each need is based on the separate average scores assigned by respondents for prevalence, significance, impact, and feasibility. To emphasize the practicality of community action, however, the average for feasibility is given double-weight according to the following formula:

$$\text{Adjusted Average} = [\text{prevalence score} + \text{significance score} + \text{impact score} + (\text{feasibility score} \times 2)] \div 4$$

Thus, the first row of Table 13 shows the average prevalence score was 5 on the five-point scale. The averages for significance, impact, and feasibility were 4, 4.17, and 2.33 respectively. Applying the formula yields an adjusted average of 4.46.

Community Health Need	Respondents	Prevalence	Significance	Impact	Feasibility	Adjusted Average
Increase community capacity to reach vulnerable groups with preventative actions to reduce Cost & Other Barriers to treatment	6	5.00	4.00	4.17	2.33	4.46
Increase community capacity to reach vulnerable groups with preventative actions to improve Case Management & Outreach	6	4.67	4.00	4.17	2.50	4.46
Create an engaged process for recruiting & retaining core health professionals including Dentists	6	4.83	3.67	3.50	2.67	4.33
Increase community capacity to reach vulnerable groups with preventative actions to reduce Heart & Vascular Diseases	6	4.33	3.83	3.83	2.67	4.33
Increase community capacity to reach vulnerable groups with preventative actions to reduce Depression	6	4.67	4.00	3.60	2.50	4.32
Increase community capacity to reach vulnerable groups with preventative actions to reduce Diabetes	6	4.33	3.67	3.83	2.67	4.29
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Diabetes	6	4.33	4.00	3.50	2.67	4.29
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Heart & Vascular Diseases	6	4.33	3.67	3.83	2.50	4.21
Increase community capacity to reach vulnerable groups with preventative actions to reduce Smoking & Tobacco Use	6	4.83	4.00	4.00	2.00	4.21
Increase capacity and access to quality Dental Care, especially by poor and extremely poor residents and households	6	4.67	3.83	3.83	2.17	4.17
Increase community capacity to reach vulnerable groups with preventative actions to reduce Obesity	6	4.50	3.67	3.67	2.33	4.13
Increase capacity and access to quality Behavioral Health resources	6	4.50	3.50	3.50	2.50	4.13
Create an engaged process for recruiting & retaining core health professionals including Psychiatrists & Psychologists	6	4.60	3.33	3.50	2.50	4.11
Increase community capacity to reach vulnerable groups with preventative actions to reduce Cancer	6	4.33	3.67	3.67	2.33	4.08
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Cancer	6	4.33	3.83	3.50	2.33	4.08
Increase capacity to address health needs of Seniors	6	4.33	3.33	3.67	2.50	4.08
Create an engaged process for recruiting & retaining core health professionals for Primary Care, including Physicians, Registered Nurses & Advanced Nurse Practitioners	12*	4.33	3.17	3.50	2.67	4.08
Continue to increase quality of care for seniors at Hill Country Care Center	6	4.33	3.67	3.83	2.17	4.04
Develop and strengthen collaborative community efforts to prevent and reduce local levels of domestic violence, including Child Abuse	6	4.17	3.50	3.50	2.50	4.04
Increase the Food Security of vulnerable populations by increasing access to nutritious foods	6	4.33	3.33	3.83	2.33	4.04
Create a collaborative community campaign to increase Kimble Hospital utilization by local and regional residents	6	4.33	3.33	3.50	2.50	4.04
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Influenza & Pneumonia	6	3.83	3.33	3.50	2.50	3.92
Increase community capacity to reach vulnerable groups with preventative actions to promote Healthy Living & Wellness	6	4.50	3.50	3.67	2.00	3.92
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce COPD	6	4.00	3.67	3.67	2.17	3.92
Increase community capacity to reach vulnerable groups with preventative actions to reduce Kidney Disease	6	3.83	3.33	3.67	2.17	3.79
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Alzheimer's Disease	6	3.60	3.33	3.50	2.33	3.78
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce mortality from Accidents	6	3.67	3.00	3.33	2.50	3.75
Increase emphasis on preventative actions (screening, treatment, case management, outreach & education) to reduce Suicide	6	3.67	3.17	3.33	2.17	3.63

*This row combines six responses to two separate items in the prioritization instrument. Thus, the averages on this row represent twelve responses given by only six individual key informants and stakeholders.

The two top ranked items in Kimble County involve increasing community capacity to reach vulnerable groups with preventative actions to reduce cost and other barriers to treatment, and to improve case management and outreach. Other high ranking items for Kimble County set targets to reach vulnerable groups to reduce heart and vascular diseases, depression, diabetes, smoking and tobacco use, and to provide access to dental care. The remaining top priorities in Kimble County include an engaged process for recruiting and retaining dentists, as well as increasing emphasis on preventative actions to reduce diabetes and heart and vascular diseases.